MARGIN RESERVED FOR BINDING

V. S. No. 1.

PHYSICIANS shoul RECORD PERMANENT DEATH ō POF mportant. Every

Instructions

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Oak + [it death occurred lo ...Ward) a hospital or Institution. give Its NAME Instead alice allen of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SHEELE. 16 DATE OF DEATH 4 COLOR OR RACE WIDDWED, (Write the word) I HEREBY CERTIFY. That I attended deceased from to april 1874 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1/30 2 m. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) __ / vrs. 2 mos - de which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER Jema Party. PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the (State or country) of death yrs, mos. ... State yrs. ____ mos. ... _ ds. Where was disease contracted. KNOWLEDGE If not at place of death? Former or usuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAK REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil envincer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," The (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemla" (mcrely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name orlgin; "Canscpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or Intercurrent) (Recommendations on statement of may be stated under the head Never report

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MAY6 1915
BUREAU, V.S.

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD

PERMANENT

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City July Samuel W	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 223 [It death occurred in a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WHOMEN MARRIED, WHOMEN ORDINATED (Write the word)	16 DATE OF DEATH Company (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Jan 3 1,850	april 6 1915 to april 19 1915,
(Month) (Day (Year)	that I last saw h allve on 191
65 yrs 3 mos /6 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Browles Preumona Secondary
10 NAME OF David & armor	(Signed) (Doration) yrs mos. 15 ds.
11 BIRTHPLACE OF FATHER (State or country) Next Virginia 12 MAIDEN NAME OF MOTHER Elming B Haralt	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Viriginia	At place of deathyrsmosds. Stateyrsmosds
(Informant) SW Grand fr	Where was disease contracted, Nushington DC It not at place of death? Former or usual residence. Washington DC
(Address) 404 Tennuvell &	Washington & C. Date of Burial Opinil 20, 1815
Filed 920 - 1910 - 1910 - REGISTRAR	John MW right to 1337-10 St mus

If more blanks are needed, address State Registrar, 6 E. Franklin St, Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, uot who receive a definite salary), may be entered as (a) Spinner, who have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.

	PLACE OF DEATH 5550	STATE OF MARYLAND
Co	unty Moulaomery	CERTIFICATE OF DEATH
		Registration Dist. No. 2/8
Vil	Per City & arnestown (No. Ser. 2FULL NAME Reverdy Bro	St.; Ward) [It death occurred in a haspital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
m	ale White Single, married widowed, Orbivorged (Write the word)	16 DATE OF DEATH April 13th, 1915 (Month) (Day (Year)
		17 HEREBY CERTIFY, That I attended deceased from
. D	ATE OF BIRTH	march 26th, 1915, to april 13th, 1915,
	(Month) (Day (Year)	that I last saw h My alive on affil 13 th 1915
7 A	GE If LESS than	and that death occurred on the date stated above, at 2,45 a.m.
	70 t day,hrs.	The CAUSE OF DEATH* was as follows:
-	yrs mos ds. OR min.?	"La Gribbe" with acuté.
	Trade, profession, or Merchant	Entero I Colitius
pai	rticular kind of work // Lewent -	The state of the s
(b)	General nature of Industry, siness, or establishment in Gene Merchandise & Drugs ich employed (or employer)	
		(Duration) yrs mas, ds.
9 81	(State or country) Mahal	Secondary Secondary UMO COLONYA UMA
	" Soug Cane	Bronchile's (Duration) \$0- yrs mas ds.
	10 NAME OF James Brooks Beall	(Signed) Chart H. Nounge - 10 40
10		O L
F	OFFATHER Prince George Go,	4.13- , 1915 (Address) R. F. D. Germanbown
ARENTS	(State or country) manyland,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF HOMEOFICE ACCIDENTAL OF
PAF	OF MOTHER Lavinia Wilcouon	TAL, SUICIDAL, OF HUSTICIDAL,
	13 BIRTHPLACE A. / 1 / O'F- O /	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
- 8	OF MOTHER (State or country) Thederick City Ind,	At place In the of death yrs mos ds. State yrs mos ds
14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted,
	loll for me no la finite	If not at place of death?
((Interment) Torous wife	Former or usual residence.
	(Address) hlarneslown ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		blasnestown Ind, 4,15 ,1915
Fit	en 4:13, 1915 Chebourge Int?	20 UNDERTAKER ADDRESS
6 111	RECISTRAR	alex. y. Carlisle Saithersburg mo

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statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speefcated thus: Farmer (retired 6 yrs.) For persous of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fieation as Day laborer, Farm laborer, Laboreradditional live is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the As examples:

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V. S. No. 1.

RECORD PHYSICIANS Should t of OCCUPATION IS	
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Cou	PLACE OF DEATH 5500	STATE OF MARYLAND CERTIFICATE OF DEATH		
		Registration Dist. No. 211		
Vill	2 FULL NAME Allien Hers	St.; Ward) [It death occurred in a hospital or Institution, give its NAME instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SE	Hale Write (Write the word)	18 DATE OF DEATH (Youth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
B DA	(Month) (Day (Year)	that I last saw h alive on 4//3 1913		
7 A G		and that death occurred on the date stated above, at		
(a) par	CCUPATION Prade, profession, or ### ###############################	Paralysis		
bus! whice	ness, or establishment in chemployed (or employer) RTHPLACE (State or country) Puncellville, Vac	Contributory Careful Hamania		
	10 NAME OF Wish Beard,	(Signed) (Duration) yrs mos ds		
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 7	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL		
PA	OF MOTHER Mas, Pinto 13 BIRTHPLACE OF MOTHER (State or country) Va,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds.		
4 T	Informant) A. A. Beassa	Where was disease contracted, It not at place of death? Former or usual residence.		
15	(Address) All -4 = St S. E. Hash De	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ANN BURIAL 191.6		
File	REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER ADDRESS A. J. Learliele Gaithershurfty trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

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Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabiy which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondcnce. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915 BUREAU, V.S.

should be stated EXACTLY, PHYSICIANS to be properly classified. Exact statement of RECORD AGE RESERVED on should be DEATH in p of information 0 should state O

> m ż

Registration Dist. No
St. Word) [III
th Benson a hospi
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH ROLL 3 (Month) (Da
that I last saw h
and that death occurred on the date stated abov The CAUSE OF DEATH * was as follows:
Dtill-Buth (Durstion) yrs.
Contributory Secondary (Burstine)
(Signed) O.M. Lin the
*State the DIBEASE CAUSING DEATH, or, in deaths fr CAUSES, state (1) MEANS OF INJURY; and (2) whether SUICIDAL OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OR RECENT RESIDENTS) At place In the state,
If not at place of death?
19 PLACE OF BURIAL OR REMOVAL DATE OF
20 UNDERTAKER ADDRESS

PLACE OF DEATH

STATE OF MARYLAND ERTIFICATE OF DEATH

7	60		4 /	-
Registration			-1-1	
Dogiotration	Diet	No 1		0
10gisti ativii	DISL	140		

If death occurred in a hospital or institution, give its NAME instead of street and number.

		0. 01		
16 DATE OF DEATH	Cari	C	3	1915
*	(Month)		(Day)	(Year)
17 I HEREBY CERTIFY	, That La	ttende	d deces	sed from
				404
, 191				, 191
that I last saw halive	ิ			, 191
and that death occurred on	the date s	tated a	bove. a	tm.
•	- at 12	4		
The CAUSE OF DEATH * w	as as tollo	ws:		
	.,		0*0000000000000000000000000000000000000	*************
D1.01	1310	-6-		***************************************
NULL-	Du	th		
	(Duration)	yrs	n	os ds.
Contributory	***************************************			
Beconusiy	1 3			
X	(Burstinn)	утв	· fi	os ds
(Signed) O.M. Lwich		`		, M. O
	PARI	back	100	mid
, 191 (Addres		CUCK	ee_	1/14
*State the DIREASE CAUSES CAUSES, state (1) MEANS OF SUICIDAL OF HOMICIDAL.	NG DEATH, O	(2) who	ther Acc	VIOLENT IDENTAL,
18 LENGTH OF RESIDENCE (FO	R HOSPITALS	, INSTITU	TIONS, T	RANSIENTS.
OR RECENT RESIDENTS)				
At place	la th	-		mes ds.
Where was disease contracted.	s Stat	[6,]	rs	MOS US
if not at place of death?				
Former or usest residence			***************************************	** 000000000000000000000000000000000000
19 PLACE OF BURIAL OR REMO	OVAL	DATE	OF BUE	RIAL

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. business or industry, and therefore an additional line For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed Women at home, who are engaged in If retired from (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumona"); fever (the only definite synonym is "Epidemic cerebrocausing death (the primary affection with respect to time and eausation), Statement of Cause of Death-Name, first, the DISEASE for the same disease. pneumonia, Bronchopneumonia ("Pneumonia," using always the same accepted Examples: Cerebrospinal

mus," "Old Age," "Shock," "Uracmia," "Weakness, cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Caneer" is less definite; avoid use of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (seeondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping on statement of eause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably on Nomenclature of the American Medical Association.) Struck by railway or miscarriage as "Puerperal septichuemia," The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere wound

URBAU, V.A. 6 1915 the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-RECEIVED

BUREAU, V.S.

JUL1 3 1915

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH		5559 STATE OF MA	RYLAND
County Mondgomery)		CERTIFICATE C	F DEATH
County		Registration Di	st No. 2/3
PO 6 . 10		Registration Di	00 1401 ····
Village or City Weller	(No,		[If death occurred in a hospital or institution,
(nt	11 B: H	B. 1	give its NAME instead
² FULL NAME	ll-peun	1 cooke	of street and number.]
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX 4 COLDR OR RACE 5 SINGL	E. / . /	18 DATE OF DEATH	1. 4
Webs Int to WIDOW	ventuge.	Month)	(IJay) (Year)
	the word)	17 I HEREBY CERTIFY, That I at	tended deceased from
S DATE OF BIRTH	H DIE	, 191, to	, 191,
(Month)	(Day) , 1 (Year)_	that I last saw h	, 191,
7 AGE	-If LESS than	and that death occurred on the date st	ated above, atm.
	ds. OR min.?	The CAUSE OF DEATH * was as follow	ws:
yrs, mos	ds. OR min. ?	A AA IS	11
(a) Trade, profession, or		Sull-Pen	<u></u>
particular kind of work (b) General nature of lodustry			*************************************
business, or establishment in		(Ouraijen)	утеmosds.
which employed (or employer)		Contributory	
(State or country)	mil	Secondary	
10 NAME DF 2 4 0 10	1	(Buralion)	
FATHER (1) (1. /3)	rooke	(Signed) Me du the	·11 2. M.O.
U 11 BIRTHPLACE	7	, 19t (Address Cocke	ville ma
Z OF FATHER (State or country) 12 MAIDEN NAME.	<i>,</i>	*State the DISEASE CAUSINO DEATH, or CAUSES, state (1) MEANS OF INJURY; and	, in deaths from VIOLENT (2) whether ACCIDENTAL,
C 12 MAIDEN NAME		SUICIDAL OF HOMICIDAL.	
a may all	wish	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS)	INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE DF MOTHER (State or country)		Al place in the of doeth yre. mee. de. State	,yrsmesde.
	KNOWLEDGE	Where wee disease contracted,	,
11000	erik Alia Nama erik 1 0 0 nama 2 nama erik	If not all place of death?	
(Informant) was more	ACRES - VIOLENCE - VIO	ueual rosidence	2007 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(Address) Road nece	hu	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15	95	singland of w	, 191
Filed		20 UNDERTAKER Track,	ADDRESS
,	REGISTRAR		
If more blanks are needed	, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1	

[Approved by U. 8. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death Housemaid, etc. engaged in domestic service for wages, as Scrvant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekcepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed At home. Care should be Never return "Laborer," Locomotive engineer, But in many cases, without more The question (b) Auto-

unqualified, is indefinite); Tuberculosis of lungs, mentin-Typhoid fever (never report "Typhoid pneumonia"); UREAU, V spinal meningitis"); Diphtheria (avoid use of "Croup"); Jever term for the same disease. time and causation), CAUSING DEATH (the primary affection with respect to Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemie cerebrousing always the same accepted Examples: Cerebrospinal

under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," symptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., scpsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, ctc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasins); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uraenia," "Weakness, by The nature of the injury, as fracture of skull, railway train-accident; Revolver The contributory (secondary or intercur-State cause for which "Atrophy," Never report mere mound



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1	PLACE	OF	DEATH	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

2FULL	NAME Carry Burn
-------	-----------------

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
35 F	ex 4 color or race 5 single, married, modern colored (Write the word)	16 DATE OF DEATH (Month) (Day (Year)		
6 D	May 25, 1878 (Month) (Day (Year)	that I last saw han alive on Thul 1 attended deceased from		
7 A		and that death occurred on the date stated above, at		
(a pa	CCUPATION) Trade, protession, or rticular kind of work	Dubisculusis		
bus	General nature of industry, siness, or establishment in the inch employed (or employer). Have Kuffey	Contributory Ex haustin		
9	(State or country) mayland	Secondary (Duration) yrs mos \(\Delta\) ds.		
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER		(Signed)		
PA	13 BIRTHPLACE OF MOTHER (State or country) Dut /Kunn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death		
	(Informant) Charlis Derry Knowledge	Where was disease contracted, about Kunus Former or usual residence. Same		
16	(Address) Sathulung ma	Poplar Sun afril 4, 1915		
Fil	led afril 2 1915 C.D. Etcheson M. D. REGISTRAR	R. W. Purryly & Jug Rochilly		
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1		

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carvin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1915
BUREAU, V.S.

BINDING FOR RESERVED MARGIN

carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very A PERMANENT UNFADING INK-THIS IS DEATH in plain terms, so See Instructions on back of WRITE PLAINLY, WITH should

of certificate.

CAUSE OF Important. S

ż

RECORD



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/7

----Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Feruale Bolored WIDOWED, Keigle WIDOWED, WIDOWED, (Write the Word)	16 DATE OF DEATH Sorum bad 4-14-, 1915- (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 19
7 A	Afril 14 19/3- (Month) (Day (Year)	that last saw h allys on, 191
8 o (a)	if LESS than 1 day, hrs. yrs mos ds. OR min.? CCUPATION) Trade, profession, or ricular kind of work	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: Aous dead Machaled in liquor aum about two weaks
(b) bus	General nature of iodustry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos. ds.
9 B1	(State or country) Moult, Co Med.	Contributory Secondary (Doration) yrs - mos ds
TS	11 BIRTHPLACE	(Signed) Bhas, Fargulian 160, M. D. 4-14-, 1915- (Address) Oliver 16 d.
PAREN	OF FATHER (State or country) Howard Co. Med. 12 MAIDEN NAME Fills from Heyes	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Neoulg. Bo. Med.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the of death yrs, mos ds.
	(Informant) John Brown	Where was disease contracted, if not at place of death?
15	(Address). Griffon, Nod.	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4-14-, 1914
File	ed 4-14-,1915 Bhas, Farguston REGISTRAR	John Brown, Parent Griffon, Med.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsious," "Debility" ("Con-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

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RECEIVED

MAY 4 1915

BUREAU, V.S.

1	1 PLACE OF DEATH	STATE OF MARYLAND
1	moulsomery 30	CERTIFICATE OF DEATH
C	ounty out of the same of the s	201
11	1 And	Registration Dist. No.
4-21	mean Damaseus (Me	St. Mord) - [If death occurred in
1	illage or City(No,	a hospital or institution,
	9/1	give its NAME instead of street and number.]
	2 FULL NAME FULL & OFTMAN	GOO ON
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF, DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH aprel 1915
. 7	nale While WIDOWED Manual (Write the word)	(Month) (Day) (Year)
=		17 I HEREBY CERTIFY, That I attended deceased from
	DATE OF BIRTH	Dec. 18, 1914, to Upr. 1, 1915,
	(Month) (Day) , 1887	that I last saw ham alive on apr. 1 1915
7	AGE If LESS than	and that death occurred on the date stated above, at 6 / m.
×	1 day, hrs.	The CAUSE OF DEATH * was as follows:
- Da	yrs, mos Ods, OR min.?	Valeressan Meningelis
6 . 8	occupation (a) Trade, profession, or fine same to	
2	particular kind of work	
SN LA	(b) General nature of industry business, or establishment in	25
2	which employed (or employer)	Contributory Discerningly Subviculosis -
9	BIRTHPLACE (State or country)	Wisconder Lesles & abdominal
• _	Maryeana	(Buration) yrs. mos ds.
ñ	10 NAME OF FATHER	(Signed) Se. M. Bager ", M. O.
٠ ا	o derige 1. Duns	Cl. 2 - 2
g i	Z OF FATHER (State or coantry)	2 State the Drawer Chrosses Duranteers Mq
0	(State or coardiy)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal.
=	OF MOTHER Javina Walking	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
Very	13 BIRTHRIAGE	OR RECENT RESIDENTS
> vi	OF MOTHER (State or country)	Al place In the
Z 14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
0	We W Bring	Former or
CCUPATION -	(Informant) Les IV-I Junior	usual realdence
2	(Address) 1, #6 my acry mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5 -		Lamaceur Cemelery Upr 4, 1915
	Filed 191	20 UNDERTAKER ADDRESS
	REGISTRAR	19. W. Bowman HM. avry mg
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, c. g., Farmer or Planter, Physimobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupamany occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakless," "Published or miscarriage as "Published septichaemia," "Published peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopmenmonia (secondary), 10 ds. nephrilis, etc. The contributory (secondary or intercurcough; Chronic valendar heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Nomenclature of the American Medical Association.) "Dropsy," "Exhaustion," carbolic Never report mere "Atrophy," acid-probably ("Con-



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should OCCUPATION PHYSICIANS RECORD statement PERMANENT classified. pinous properly AGI INK supplied. pe UNFADING may that 0 10 back terms. plain instructions 2 EATH WRITE Q Item E OF Every item CAUSE OF Important.

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1 PLACE OF DEATH

5562

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

-Ward)

Ilt death occurred la a hospital or Institution,

give its NAME lostead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. 191u WIDOWED. ORDIVORCED (Write the word) (Month) (Dav HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH unc (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted. It not at place of death? Former or usoal residence 15 20 UNDERTAKER Filed. ADDRESS REGISTRAR

Alf more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this ccrtificate is looked over thoroughly and all questions answered in dctail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 6 1915

BUREAU, V.S.

V. S. No. 1.

主教 医内容 學 医 美人名

PLACE OF DEATH	STATE OF MAR	YLAND
County Missela	CERTIFICATE OF	DEATH
County 7/2004	Pagistration Dist	No. 212
	negistration Dist.	
Village or City Job Tesrelle (No	St.;Ward)	[If death occurred in a hospital or institution,
6 9 7 9 2 7 1 2 2	E A PROPERTY OF THE PROPERTY O	give its NAME instead
2 FULL NAME Cleas Cearce		ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH	2 1011
male nigro WIDOWED Married	(Month)	(Day) (Year)
	17, I HEREBY CERTIFY, That I atter	nded deceased from
6 DATE OF BIRTH	may / ,191 4, to apr	1915,
(Month) (Day) (Year)	that I last saw herealive on the	V 26 1915
7 AGE (Month) (Day) (Teal)	and that death occurred on the date stat	ed above, at 6.2 m.
1 dayhrs.	The CAUSE OF DEATH # was as follows	
yrsmosds. OR min.?	- milial and	eseues
8 OCCUPATION (a) Trade, profession, or	and Lyburnally	Puril-
particular kind of work and a control	111 1107	
(b) General nature of industry business, or establishment in	(Quration)	4
which employed (or employer)	C. I O.	// mos
9 BIRTHPLACE (State or country)	Contributory Alles Condary	
		yrs. mos 7 ds.
10 NAME OF FATHER	(Signed) & 21 Lile	, M. O.
o alleum	461/3 191. (Address) Por	1
I BIRTHPLACE OF FATHER (State or country)		deaths from VIOLENT
C 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2) SUICIDAL OF HOMICIDAL.	whether Accinental,
of MOTHER Suliplia July	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN	STITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) Al place In the	
OF MOTHER (State or country)	of desth	yrsmos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	if not at place of death?	
(informant) Celen Faires.	Former or usual residence	
Q of the same		DATE OF BURIAL
(Address) vocesselle offe	+ Quelinile	2pr H 1015-
15 0 h 10 \$ of 2/1.1-	20 UNDERTAKER	DODRESS
Filed Cept 3, 1915 6 H Steelle	Q. 0= 120 12 2000	D. Simon
REGISTRAR	THE STATE OF THE PARTY OF THE P	-verrell
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health - Association.]

6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." and eonsequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths to determine definitely. Examples: Aecidental drowning, "Puerperal peritonitis," etc. birth or misearriage as "Puenpenal septichaemia, eause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracnia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H::emorrhage," "Inanition," "Marasetc., when a definite disease can be ascertained as the "Anaemia" (nierely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility", ("Consymptoms or terminal conditions, such as "Asthenia," chopneumoma (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping State cause for which Never report mere (Recommendations



supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

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of information should be carefully su DEATH in plain terms, so that it ma See instructions on back of certificate.

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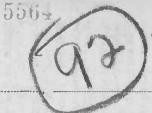
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Filed.

V. S. No. 1.

1 PLACE	F DEATH
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 221

St :-.....Ward)

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
marrieo, Lugle Marrieo, Widoweo, Mile While (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Oet 3, 1886 (Month) (Day (Year)	17 I hEREBY CERTIFY, That I attended deceased from Afra 1st 1915, to Afra 12, 1915, that I last saw have allow on Afra 12, 1915
7 AGE 1 If LESS than 1 day, hrs. 0 cm. min.?	and that death occurred on the date stated above, at 1/-15-Ac, m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manual Country (State or country)	Contributory Joseph Secondary
10 NAME OF Saccel T Dasley 11 BIRTHPLACE OF FATHER (State or country) Months Comment of the Com	(Signed) Jrs mos ds (Address) Japhana mile ind *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Bertley Co W Va 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) And R V Danley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? former or usual residence.
(Address) gasthand lung RFD#1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (%)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BUREAU, V.S.

V. S. No. 1.

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF I 8

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 22 /

St.;----Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	x 4 COLOR OR RACE SINGLE, MARRIED, Widowed, Whowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DA	TE OF BIRTH Nov 10 , 186 (Month) (Day (Year)	that I last saw have allye on Afra 19 1915
⁷ AG	E If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 1 mm The CAUSE OF DEATH* was as follows:
(a) 1 part (b)	Trade, profession, or Garrier General nature of Industry,	
9 BIF	ness, or establishment in hemployed (or employer) RTHPLACE (State or country) Montgorny Co Ind	Contributory Prostate Tesses
10 NAME OF FATHER Secure Day 11 BIRTHPLACE OF FATHER (State or country) Investogramy Co Ind		(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tall, Suicidal, or Homicidal.
Δ.	OF MOTHER Varale Israels 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(1	(Address) Det Ding, Sud	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	d,191REGISTRAR	20 UNDERTAKER A G Carlisle A G Carlisle A Garther Garther

E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. If theath occurred in wwWard) a tospital or Institution, Rive its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6:DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in/ which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER State yrs. ____ of death _____ yrs. ____ mos. ____ ds. Where was disease contracted. KNOWLEDGE if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In all expect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia,"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 valvular heart disease; Chronio interstitial nephritis. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and quality as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimia," "PUERPEBAL peritonitis," etc. thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion,



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PLACE OF DEATH 5567	STATE OF MARYLAND
County mostly	CERTIFICATE OF DEATH
	Registration Dist. No. 2/2
Village or City Multiusbrugno. 2 FULL NAME Salie Joney.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Regro Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
Color 19 19 19 19 19 19 19 1	that I last saw he alive on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Contributory (Ourstian) yrs. mos. 7
9 BIRTHPLACE (State or country) Mol 10 NAME OF FATHER FLAULK Dancy 11 BIRTHPLACE OF FATHER (State or country) Mol 12 MAIOEN NAME OF MOTHER Medicie Lyles 13 BIRTHPLACE	(Signed) 6 (Oursilon) yrs. mos. (M. M. M
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant),	of deathyrs
15 Filed CADV 20., 191 N - E St St St Contract REGISTRAR	Madeusburg apr 20, 191.4. 20 UNDERTAKEN Pollusaria Reguesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Sernant, Cook, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Hausekeepers write None. Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomative engineer, Civil engineer, Stationary firemon, etc. But in many cases, employed, as At school or At home. Care should be mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acidto determine definitely. Examples: Accidental drouning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerpenal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ncphrilis, etc. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," "Exhaustion, The contributory (secondary or intercur-Never report mere -probably



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

1 PLACE OF DEATH 5368	STATE OF MARYLAND
Mintanuana	CERTIFICATE OF DEATH
County work y onery	Registration Dist. No. 2/4
Village or City Colewille (No.,	St.; Ward) [If death occurred in a hospital or institution,
11. 621.	give its NAME Instead
2FULL NAME Alice Celizat	eth Fragean of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MESICAL GERTIFICATE OF DEATH
Jemale Colore & Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH 10 , 191 S. (Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
July 23 1914	1915, to 1917,
(Mouth) (Day (Year)	that I last saw half alive on I for H 1915.
7 AGE If LESS than	and that death occurred on the date stated above, at 9. HOAm,
0 yrs 9 mos 19 ds 0R min,?	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Bronch al kneumonia
(a) Trade, profession, or None	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) J yrs. J mos. J Q ds.
9 BIRTHPLACE (State or country) M	Gontributory Secondary /(Ooration)yrs
10 NAME OF Sandy France	(Signed) The Topour , M. D.
11 BIRTHPLACE OF FATHER	191 (Address) Silver Apring
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER See Aur Jones.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
13 BIRTHPLACE OF MOTHER	At place in the
(State or country)	of death yrs mos ds. State yrs mos ds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(informant) Le Vinna Jones	Former or usual residence
(Address) leolesvelle md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 N. 1 11 R	wood Stoke JAA 11, 1915
Filed Jan 191 Mary 191	20 UNDERTAKER ADDRESS
If more highly are needed address State Deal	Seo. Inowden Brighton
it more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. the nature of the business or industry, and therefore an additional line is provided for the latter statement; cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persous of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never retnrn "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canscpsis, tetanus) may be stated under the head 'Contributory." (Recommendations ou statement injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Courulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of (secondary or intercurrent) "Exhaustiou," For vio-



V. S. No. 1.

B.Z

Village or City Part NAME Sondon	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3 St.; Ward) [if-death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH 4 22 , 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on 422 ,191
7 AGE IT LESS than 1 day hrs. oR ≤ min.?	and that death occurred on the date stated above, at 9.4 m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	151/2 mas hus carries
(b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yrs mos ds
9 BIRTHPLACE (State or country) Man law	Contributory Secondary
19 NAME OF Paul B & order	(Signed) (Buration) yrs mes ds
11 BIRTH PLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent
OF MOTHER Villan & Burger	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosts. State,yrsmosts.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at plece of death ?
(Informant) Wace Bondan	Former or usual residence
(Address) Sarreis Od me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4/22 1915
Filed 191 REGISTRAR	20 UNDERTAKER ADDRESS Redweld

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Regussting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculasis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hearnorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) and consequences (r. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. cough; Chronic volvulur heart disease; Chronic interstitial Struck by railway train-accident; Revolver wound of "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Coma," "Convulsions," "Debility" ("Confallings," "Each, "Dropsy," "Each, "Each The contributory (secondary or intercur-Poisoned by carbolic acid-probably Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 6 1915

BUREAUNS

WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

Cour	nty Montgomery 5570	STATE OF MARYLAND CERTIFICATE OF DEATH
	rear Damaseus (No. ,)	Registration Dist. No. 2-2/ St.; Ward) [If death occurry a hospital or institution of the country of the count
	2 FULL NAME Still Birth Gumon no	give its NAME in ot street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	lenoure While SINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH OF . /0 (Month) (Day)
6 DA	ATE OF BIRTH (152. 10 1915	April O 1915, to 2011 10 ,1
_	(Month) (Day) (Year)	that I last saw h alive on 1
7 AG	Still Buth (3d. 200.) if LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a	CCUPATION a) Trade, protession, or riticular kind of work	anenour
	D) General nature of industry	
pu	islness, or establishment in nich employed (or employer)	Still Birth 31. Mod (Burstion) yrs. mos.
wh	isiness, or establishment in	Contributory - Secondary
9 B	Islness, or establishment in nich employed (or employer)	(Burstion) yrs. mos.
wh 9 B	Islness, or establishment in nich employer (or employer) IRTHPLACE (State or country) 10 NAME OF	(Signed) (Burstion) yrs mos. (Burstion) yrs mos. (Burstion) yrs mos. (Signed) (Burstion) yrs mosi. (Signed) (Address) Amazeus M. *State the Dispans Causing Death, or, in deaths from Violation and Causing Death a
9 B	Islness, or establishment in nich employed (or employer) IRTHPLACE (State or eountry) 10 NAME OF FATHER 11 BIRTHPLACE OF FOTHER	(Signed) (Signe
PARENTS WHAT THE GRANT BE GRAN	Inthe employed (or employer) IRTHPLACE (State or eountry) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Cocce Brandwhy 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER Cocce Brandwhy 15 BIRTHPLACE OF MOTHER (State or country)	(Signsd) Contributory Secondary (Burstion) (Burstion) (Burstion) (Signsd) (Signsd) State the Dispance Causing Death, or, in deaths from Violation Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal. 18 Length of Residents) At place of deeth yrs. mos. (Burstion) yrs. mos. (Burstion) yrs. mos. State (Burstion) yrs. mos. State (1) st
S B S S S S S S S S S S S S S S S S S S	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 17 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER	(Signed) *State the DINEAME CAUSING DEATH, or, in deaths from Violi CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS) At place in this whether accidents in the state of deeth yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not all place of death? Forms: or
S F N H W H A T I	ISINESS, or establishment in nich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT SUICIDAL OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place in the of deeth yrs. mos. ds. State, yrs. mos. Where was disease contracted, if not al place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
When the second	ISINESS, or establishment in nich employed (or employer) IRTHPLACE (State or eountry) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	(Burstion) yrs. mos. Contributory Secondary (Buration) yrs. mos. (Signsd) (Buration) yrs. mos. (Signsd) (Buration) yrs. mos. State the Dispane Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal. 18 Length of Residents) At place in the of death yrs. mos. State, yrs. mos. Where was disease contracted, if not al place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved-by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mobile foctory. C yrs.). business, that fact may be indicated thus: Farmer (retired employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Doy laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mill; (a) Solesman, (b) Grocery: (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetonus) may be stated head-homicide; Poisoned by earbolic Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septicharmia," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," cough; Chronic valeular heart disease; Chronic interstitial to determine definitely. Examples: Aecidental drowning. "Puerperal peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrules, etc. "Tumor" for malignant neoplasms); Meastes; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," The contributory (secondary or intercur-"Convulsions," "Debility" Never report mere "Atrophy," "Colacid—probably "Exhaustion," ACCIDENTAL, unportant. ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915
BUREAU, V.S.

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1	ge or City amaceus (No. ,)	Registration Dist. No. Z.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ale While Single, Married of Divorced (Write the word)	16 DATE OF DEATH April 10 (Month) (Day) , 1910
6 DA	TE OF BIRTH 1838	HEREBY CERTIFY, That I attended deceased from 1914, to april 10 1916 that I last saw him alive on april 10 1918
7 AG		and that death occurred on the date stated above, at 9 km. The CAUSE OF DEATH ** was as follows: Ohronic of Merelines Mephritis
	rticular kind of work / Lelozet- 11-10-10	
(b bus wh) General nature of industry siness, or establishment in ich employed (or employer)	(Ouration) Contributory
9 BI	General nature of industry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER Peter Hager 11 BIRTHPLACE OF FATHER (State or country) Lermany Lermany	(Ouration) yrs. mos. Contributory Secondary (Ouration) yrs. mos. (Signed) yrs. mos.
PARENTS SPENTS	General nature of industry siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER Peter 16 ager 11 BIRTHPLACE OF FATHER	Contributory Secondary (Ouration) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration) (Ouration)

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, write Nonc. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part As examples: (a) Spinner, (b) Cotton If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic Struck by railway train-accident, Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, genital," to determine definitely. Examples: Accidental drowning. surgicul operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscurriage as "Puerperal septichaemia," eause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercureough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perdonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of "Coma," "Convulsions," "De "Senile," etc.), "Dropsy," The nature of the injury, as fracture of skull Never report mere acid—probably "Exhaustion,"



TE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 5572	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Hacking (No. ,)	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH 4 /2 , 191 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 1 . (Year)	that I last saw halive on, 191,
7 AGE State bow If LESS than 1 day, hrs. yrs. mos. ds. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in	Cause truster and
which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FIRED (Harman	(Signed) (Si
II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER (and Hoffman)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At placa In tha of daath
(Informant) The BEST OF MY KNOWLEDGE	ff not at place of death? Former or usual residence
(Address) Roednice R728	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF GUN Church Briefs Brid 4-13, 1915
Filed, 191	W.R. Pumpen Roenluced my

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

C yrs.). For persons who have no occupation whatever, engaged in domestic service for wages, as Servant, Cook the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and ehildren, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day loborer, Farm laborer, Laborer cian, Compositor, Architect, Locomotive engineer, Civil cugineer, Stationary freman, etc. But in many cases, of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used first line will be sufficient, e. g., Former or Planter, Physiknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa--Coal mine, etc. very important, so that the relative healthfulvarious pursuits ean be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic rateular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Coma," oma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurcarbolic ocid-probably "Atrophy," "Col-



CERTIFICATE OF DEATH Registered No. St:Ward) o MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED. BINDING (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day) (Year) 7 AGE if LESS than IS and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF BEATH * was as follows: 8 OCCUPATION (a) Trade, profession, or INK particular kind of work. (b) General nature of industry, pe business, or establishment in UNFADING which employed (or employer) -----9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. PLAINLY ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In the of death _____ ds. State DEATH Where was disease contracted. If not at place of death? Former or Item OF usual residence Every Item CAUSE OF Important. REMOVAL 15 If more blanks are needed address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.

STATE OF MARYLAND

[It death occurred in

a hospital or institution. give its NAME lostead of street and number. 7

DATE OF BURIAL

1 PLACE OF DEATH



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPEBAL peritonitis," etc. inus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicchildbirth or miscarriage, as "Puepperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Colianse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of . mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor The contributory Always qualify ail diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. [If death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RAGE 5 SINGLE MARRIED. WIDOWED. (Month) (Day Write the word I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Month) (Day 7 AGE if LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which amployed (or employer) ... Contributo BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs __ Where was diseasa contracted. 14 THE ABOVE IS TRUE TO if not at place of death?.... Former or usual residance CE OF BURIAL DATE OF BURIAL 15 ADDRESS Flied... REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu mauy Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from State cause for



state

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 214

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH CERTIFY, That Lattended decoased from and that death occurred on the date stated above, at *State the DISEASE CAUSING DEATH, or, in deaths from Volekt CAUSES, state (1) MEANS OF INJURY; and (2) whether ACTUENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State _ OR REMOVAL

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (4)

pnenmonia"); Lobar "Croup";) term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," brospinal menlngitis"); fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercupneumonia; Bronchopneumonia Diphtheria (avoid use

> nant neoplasms); Meastes; Whooping cough; Chronic canse of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injnry, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: HENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, ctc., of... ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tnmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Cun-"Exhaustion," Never report For vio-

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before



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V. S. No. 1.

RECORD PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

PLACE OF DEATH Village or City

5576

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

-Ward)

[it death occurred in

ADDRESS

	FULL NAME Many Elizaber	give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Nonth) (Day (Year)
6 D	(Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased from 191
TA	ge yrs mos 25 ds. or min.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trade, protession, or touse of industry, of deneral nature of industry, siness, or establishment in in ich employed (or employer)	(Ouration) Mysellington ds
RENTS	10 NAME OF FATHER COUNTRY) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF COUNTRY)	Signed) (Signed) (Signed
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? former or usual residence.
15	(Address) Cypley Wd.	PPLACE OF BURIAT OR REMOVAL PATE OF BURIAL

REGISTRAR

UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal eonditions, such as "Asmia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease eausing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can The contributory Always qualify all diseases resulting from (Recommendations on statement of (seeondary or intercurrent)



BINDING RESERVED FOR MARGIN

V. S. No. 1.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT UNFADING INK-THIS IS PLAINLY, WITH WRITE

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

[If death occurred la a hospital or Institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE MARRIED, WIDDWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on
TAGE Trans. If LESS than 1 day,hrs. OR. mln.? B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry.	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows: Lies in letero Resonature Appareting placents:
business, or establishment to which employed (or employer) **BIRTHPLACE** (State or country)	Contributory Secondary
10 NAME OF FATHER Samuel Jodge. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 9 Las B	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Semuel / Independent of the second o	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Closey my 15 Filed 4-4-, 1915 REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Olivey my 20 UNDERTAKER Parent Olivey, Mod.
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

catcd thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie scrviee for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits ean be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State eause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the Bronchopncumonia (seeondary), 10 ds. ample: "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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1 PLACE OF DEATH





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 217

St.;---Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and nombar.]

Anna Bell Hopkins

PERSONAL AND STATISTICAL PARTICU	ULARS MEDICAL CERTIFICATE OF DEATH
Jewola Color or RACE Single, MARRIED, WIDDWED, DRIVORCED Write the	word) (Month) (Day (Year)
6 DATE OF BIRTH Nov. 29	17 I HEREBY CERTIFY, That I attended deceased from 1914, 191, 191, 191, 191
7 AGE (Month) (Day	if LESS than and that death occurred on the date stated abova, at
e occupation (a) Trado, profession, or particular kind of work (b) General nature of industry, business, or establishment in	From investigation after death forulad to Batarrhal Purumoun No physician in altendance
which amployed (or amployer) BIRTHPLACE (State or country) Olwy, Mod	(BUTALIUM)YIS
11 BIRTHPLACE OF FATHER (State or country) boulg, Go, 12 MAIDEN NAME OF MOTHER 12 MOTHER 12 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 10 MOTH	Afril 4, 1915. (Addrass) Chief, Mod. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Moulg & o. M. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNO	At place At place of death yrs, mos. ds. State yrs, mos, ds Where was diseasa contracted,
(Informant) Frank Hofiking	
16 Filed 4-4- , 1915 Bhas Farqu	Charle Street Countary April 5 th, 191? PREGISTRAR Go. P. Suowdew Brighton, Abd. Idress State Registrar. G. E. Franklin St., Ralto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred inWard) a hospital or institution, give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE Af place OF MOTHER (State or country) of death ____ yrs. ___ mos. _ State_ Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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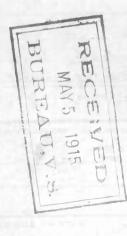
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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gaiufully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feebr (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puesperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) For Vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 5519

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/5

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Jegro Single, MARRIED, WIDDWED, OROUVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby certify, That I attended deceased from
12 9 1.9/3 (Year) Tage If LESS than t day,	that I last saw h the alive on speed 3 d 1915 and that death occurred on the date stated above, at 1.7 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	7 uberculae sentonites (Duration) yrs. 6 mos. — 6s.
9 BIRTHPLACE (State or country) Moulgonienz Co Md 10 NAME OF Silliam Johnson 11 BIRTHPLACE OF FATHER (State or country) Moul y oneny Cer	(Signed) A- Nouse , M. B. (Signed) A- Nouse , M. B. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) Moul gomeny les	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds
(Informant) Western The BEST OF MY KNOWLEDGE (Informant) Western College (Address) Pravilate Result College 15 Filed 47, // ,1915 C. A. Nourse M. S., REGISTRAR	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS Ruber Previous Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart fallure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 5 1915
BUREAU, V.S.

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PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ..

Ward)

If death occurred is a hospital or lostitution. give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 15 DATE OF DEATH MARRIED. WICOWEO. ORDIVORCEO I HEREBY CERTIFY, That I attended decessed from 6 DATE OF BIRTH 1914 (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Buration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory Secondary (Duration) _____yrs____ 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place In the of death _____ yrs. ____ mos. ____ ds. State_ 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted. If not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 REGISTRAR

If pogre blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus)
"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastcs (disease causing death), 29 ds.; "Senilc," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," 0



carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT of information should be c DEATH in plain terms, so See instructions on back of

certificate.

CAUSE OF Important.

N. CO

V. S. No. 1.

PLACE OF DEATH
County Moulgone Exp
Village or City Banesville (No...



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 220

-Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Infant of Herbert - Mary IT Esoler

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, widowed, Jung le Grande With the word)	16 DATE OF DEATH Offer 15 , 1915 (Month) (Day (Year)
Oper 15 1915 (Month) (Day (Year)	that I last saw hallve on 191 and that death occurred on the date stated above, at Hall m,
Still Bone 8 /2 Mo 1 dayhrs. yrs	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mul	Contributory Secondary (Maration) yrs mos. ds.
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds State yrs, mos. ds Where was disease contracted, If not at place of death?
(Informant) Mary it Classicalis (Address) Barnersvelle Md	19 PLACE OF BURIAL OR REMOVAL Abr 16 1915
Filed Apr 16, 1915 M. Hule RECISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER HOUSE trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Meastes; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," For vio-



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PHYSICIANS should of OCCUPATION IS statement PERMANENT Ø THIS properly AGE pe UNFADING gddns may 20 0 WITH back terms. 5 plain Instructions _ 4 EATH WRITE ō Item P-0 Every Item CAUSE OF Important.

15

state Very

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 [If death occurred in Viilage or City St.:....Ward) a hospital or Institution, give its NAME instead ot street and nomber. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED, (Month) (Day (Year) ORDIVORCED Word I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 3 18.43 (Year) (Month) (Day TAGE if LESS than and that death occurred on the date stated above, at t day hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) (Doration) 10 NAME OF FATHER 11 BIRTHPLACE ... 191..... (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted 14 THE ABOVE IS If not at place of death? usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

ADDRESS

. 191...

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the material worked on may form part of the second (a) Spinner, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection nced not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medicai Association.) cause of death approved by Committee on Nomenelaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion, Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 1 1915
BUREAU, V.S.

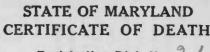
RECORD

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

N.B.—Every item o CAUSE OF I

1	PLA	CE	OF	DE	ATH

5584



Registration Dist. No. 2

-Ward) St .; ..

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

P

	2FULL NAME CALLA CALLAN	am Jan Casty
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h Ang alive on And 7 191
TA	GE If LESS than	and that death occurred on the date stated above, at 900.
	9 0 yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION) Trada, profession, or ricular kind of work	appliery
bus	o General nature of Industry, ilness, or establishment in ich employed (or employer)	(Duration)yrsds.
9 8	(State or country)	Contributory CA handle
TS	10 NAME OF FATHER Sage Lancatus	(Signed) D, Blowson, M. D. (April 9, 1915 (Address) Sail Lingsless 9
AREN	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Ω.	13 BIRTHPLACE OF MOTHER (State or country) Many and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
	(Informant) Lange & San Casly	Where was disease contracted, If not at place of death? Former or usual residence.
15	(Address) Washington It in my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL RS Charly 1911
FII	ed april 9, 1915 B. A. Elchin M. D. REGISTRAR	20 UNDERTAKER ADDRESS W. A. Purrylly & har Richally
	If more blanks are needed address State Posici	C N November 6 Williams

address State Registrar, 6 E. Franklin St., Ikato., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: The (4)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (Recommendations on statement of (secondary or intercurrent) State cause for Never report

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RECEIVED

MAY 4 1915

BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR F. B. No. 1.

County Mustaney 5583	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Z/L	
Village or City Jenuart. (No. St; Ward) *FULL NAME Affartha Hashing for Jean an eight street and number.] [If death occurred la a hospital or institution give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
female while (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
May 7 1836 (Month) (Day) (Year)	that I last saw h. 2. alive on 4 4 1915	
78 yrs 10 mos. 28 ds. or min.?	and that death occurred on the date stated shove, stm, The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Bruchilis.	
which employed (or employer) BIRTHPLACE (State or country) Clarbsburg Montalog	Contributory Endocarditis (Secondary)	
10 NAME OF GOWARD HOWING 11 BIRTHPLACE	(Signed) J. Simple M. D. M. D. (Address) Grant M. D.	
Z (State or country) Monta loo. Ma. 12 Maiden Name of Mother Mother D	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) Montg. Co. Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.	
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence	
(Address) Germanbun Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4 Manual Man	
Filed 4 5 , 1915 REGISTRAR If more blanks are needed, address State Registrar	W.R. Pumphney, Rockville, M.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illheen changed or given up on account of the disease of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as It should be used only when needed. essary to know Civil engineer, Stationary Areman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) (a) the kind of work and also (b) If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis

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MAY5 1915
BUREAU, V.S.

V. S. No. 1.

STATE OF MARYLAND 1 PLACE OF DEATH state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No... Ilf death occurred in Roma Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, Date (Month) ORDIVORCED (Write the word) Exact I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH classified. pe (Month) (Day (Year) TAGE If LESS than t dayhrs. OR min. ? properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work... 20 supplied. (b) General nature of industry. UNFADING business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that (Duration) 10 NAME OF (Signed) ... 20 ō back 11 BIRTHPLACE terms, _ (Address) ARENT pinoy *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 0 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 1 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH ot death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. THE ABOVE If not at place of death?jo 0 item OF Every item CAUSE OF important. usuai residence. DATE OF BURIAL 15 you ADDRESS 80 REGISTRAR ż If more blanks are needed, address State Registrar, & E. Franklin St., Balt, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-cesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of..... (name origin; "Cancause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Hacmorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the Americau Medical Association.) "Contributory." Aecidental drowning; Struck by railway train—aeci-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

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MAY 6 1915
BUREAU.V.S.

V. S. No. 1.

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT ż

5585 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/3

..Ward) St .:--

[If death occurred in a hospital or institution give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
BDA	Tree of Birth 7.6 2.7 , 87. (Month) (Day (Year)	HEREBY CERTIFY, That I attended deceased from that I last saw h 227 alive on Ope 8 , 1915
7 AG		and that death occurred on the date stated above, at
(a) 1 part	Trade, profession, or Sabores ticular kind of work.	Agame druse of.
busin	General nature of Industry, mess, or establishment in ch employed (or employer)	(Ouration) yrs. mos. ds.
(RTHPLACE (State or country) That.	Contributory Secondary (Buration)yrs mosds.
ENTS	11 BIRTHPLACE OF FATHER (State or country) 711 State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) 13 DIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds	
	Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If net at place of death? Former or usual residence
15	(Address)———————————————————————————————————	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MI - Zivn Md All 16, 1915
File	ed, 191Registrar	address Sailteature

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst live will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a defiuite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be iudl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (2)

Statement of cause of death—Name, first, the Insease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, Is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For Vio-



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 2/2 Ilf death occurred in St.:...Ward) a hospital or Institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED. (Month) (Dav) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory.... (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) OF MOTHER (State or country) Af place In the of death yrs. mos. ds. State Where was disease confracted. If not af place of death? Former or usual residence. 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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childbirth or miscarriage, as "Heart failure," "Haemorrhage," "Inanition," "Maras. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis nent neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemla," "Weakness," Always qualify all diseases resulting from Measics (disease causing "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichac-(name origin; "Candeath), 29 ds.: Never report Examples:

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MAY 6 1915 BUTTE AULVIS

V. S. No. 1.

_	lement-	doby-4	mun (Ne		travilah marlin		of DEATH ist, No. 2/5
	PERS	ONAL AND STATIS	TICAL PARTICUL	ARS	MED	DICAL CERTIFICATE	OF DEATH
Jer Jer	mole	4 COLOR OR RAC	S SINGLE, WIDOWED, A DIVORCES (Write the wo	ingle	16 DATE OF DEATH	(Month)	25 ^T , 1915 (Day (Year)
6 DA	TE OF BIRT		ber 10th		1 1 1	-	caur lier., 191
(a) 1 parti (b) (b) busia	CUPATION Trade, protession icular kind of w General nature less, or estab	orkot Industry,	one_	It LESS than 1 day,hrs. ORmin.?	Her mont died un Settlement Couch -	from effect	at This girl
9 BIF	State or cou	intry) Mar				(Duration)	yrs mos ds.
ENTS	12 MAIDEN	ACE HER or country) Ma	t marti		4, 25, ,191	5 (Address) LQa	or, In deaths from VIOLENT and (2) whether ACCIDEN-
α		ACE	arylana		18 LENGTH OF RES OR RECENT RESIDE At place ot death yrs, Where was disease contr.	mos. ds. State	s, Institutions, Transients, yrs, ds
(16	ntormant) (Address)	Chal H to mother	Source	mo.	If not at place of death?— Former or usual residence.———————————————————————————————————	al or REMOVAL Md.	DATE OF BURIAL
Filed	426	- ,1915 []	to hours	e Just	20 UNDERTAKER	Reuben Primple	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

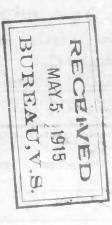
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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RECORD

FOR

RESERVED

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See instructions on back of certificate.

item of information should be

CAUSE OF important.

N. B.-

1 PLACE OF DEATH

5588

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

St.;----Ward)

[If death occurred in a hospital or institution,

	FULL NAME Slozuloth S,	give its NAME instead of street and number.]			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH			
35	EX 4 COLOR OR RACE SINGLE, MARRIED, MININGLE WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH SIL 9, 1915 (Month) (Day (Year)			
6 D	ATE OF BIRTH Month) (Day (Year)	that I last saw here alive on also by 1915.			
7 A	GE	and that death occurred on the date stated above, at 3.30 4 m. The CAUSE OF DEATH* was as follows:			
(a pa (b) bu	CCUPATION () Trade, profession, or forest to the control of the co	(Duration) yrs mos & ds.			
_	IRTHPLACE (State or country) 1999 C) MMC	Contributory Fear Factorian Secondary (Signed) 4 1 2 2 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6			
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
4	13 BIRTHPLACE OF MOTHER (State of country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, INS			
4.7	(Address) 12 millonsoull	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Oderstormer or usual residence. 19 PLACE OF BURIAL OR REMOVAL QAST // 1915			
1.6 Fl	led An 10 1915 - Hl Braceford	20 UNDERTAKER ADDRESS			

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PHYSICIANS should of OCCUPATION IS

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MARGIN RESERVED FOR	WRITE PLAINLY, WITH UNFADING INK-THIS	Every Item of information should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may be properly class important. See instructions on back of certificate.
IN	LY, W	should in terms on be
2	LAIN	in pla
	NITE !	of Info
	W	Item
No. 1.		Every CAUS Impor

1 PLACE OF DEATH STATE OF MARYLAND 5559 CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in -Ward) a hospital or Institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH 1915 to april (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 6:30 a.m. t day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHELACE (Address) PARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. _ State Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or (loformant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTA

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronia cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or mlscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) (Recommendations on statement of Never report



stated EXACTLY. PHYSICIANS should state . Exact statement of OCCUPATION is very RECORD

be properly classified.

should

AGE

supplied.

carefully

PERMANENT

4

UNFADING INK-THIS

WRITE PLAINLY, WITH

DEATH in plain terms, See instructions on back

of Information

GAUSE OF Important.

Z.

County Mintyonery 5590	STATE OF MARYLAND CERTIFICATE OF DEATH
J	Registration Dist, No. 223
Village or City Jakima Pork (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to
(Month) (Day (Year)	that I last saw halive on, 191
TAGE Still birth If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) warylund,	Contributory Secondary (Deration) yrs mos ds
10 NAME OF John G. Witchell	(Signed) (Signed), M. D.
11 BIRTHPLAGE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Clann mitchell	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
(Informant) The above is True to the BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Informant) Alice (1) 100	usual residence
(Address) altomatic No. 1.5	Bladensburg, Md april 4, 1915
Fled april 3 1915 He. C. Travis.	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 6 1915

BUREAU, V.S.

No. V. 53. state

Village or City Gaichers bury No. 2FULL NAME Probert B.	CERTIFICATE OF DE Registration Dist. No St.;Ward) a h give of s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
male while Single, married on the word	16 DATE OF DEATH 4 /5 (Month) (Day
8 DATE OF BIRTH (Month) (Day (Year)	april of 1915, to april 15 that I last saw h wire allive on april 15
7 AGE (Month) (Day (Year) 1 day,hrs. OR min.?	and that death occurred on the date stated above, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Bank Cashier particular kind of work	Lobar Prumonia
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory (Ouration) yrs
(State or country) Virginia	Secondary (Duration)yrs
10 NAME OF FATHER PAIRLY HAVE	(Signed) At 3 Hackbox
11 BIRTHPLACE OF FATHER (State of country)	April 16", 1912 (Address) Gaucheurs
OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in dea CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER lurginia Moure	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITU
13 BIRTHPLACE OF MOTHER (State or country)	At place of death 2 Oyrs. mos. ds. State 2 Oyrs.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, at him if not at place of death? Former or usual residence
(Address) Met Jalkson ba	19 PLACE OF BURIAL OR REMOVAL DATE
Fled Chiel 17, 191 JG 9 Tetchin 2 10	20 UNDERTAKER ADDR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

ation Dist. No. 2

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

16 DATE OF DEATH	4	15	, 1915
######################################	(Month)	(Day	(Year)
17 I HEREB	Y CERTIFY, The	t I attended	-
april v'"	1918 to ap	ny 15	1915
april o' ''	ilive on apr	x 15.	, 1919
and that death occurred	on the date sta		
The CAUSE OF DEATH	was as follows	:	
Lober P?	nuuon	~ a	
	(Duration)	yrs	mosds.
Contributory Secondary			a a a a a a a a a a a a a a a a a a a
	(Duration)	vre	mosds.
(Signed) A413 3	Hadday		, M. D.
april 16 ", 1912	(Address) Hai	Thursb	ug.
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, or HOM	CAUSING DEATH.	or. in deaths	from Viotenia
18 LENGTH OF RESIDE	NCE FOR HOSPITA	LS. INSTITUTIO	VS. TRANSIENTS
OR RECENT RESIDENTS			ve, indicates,
At place of death 2. Oyrs mo	In the	0 2 A ura	man de
Where was disease contracted if not at place of death?	- 0-1 1		0.510
if not at place of death?	at 1	Long) PFF+ v===================================
Former or			
usual residence	wigni	Q	
19 PLACE OF BURIAL C	RREMOVAL		BURIAL
Goshan	THE THE TALE	yw	17, 191.15
20 UNDERTAKER	1	ADDRES	s
/ V V (1)	114	Al a ITV.	0118.10

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (4)

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N.B.

PLACE OF DEATH	STATE OF MARYLAND
and and to	CERTIFICATE OF DEATH
County Affilia	Registration Dist, No. 7//
4/9	
Village or City 7 7 Call Shows (No	St.; Ward) [If death occurred to a hospital or institution,
e Ma	give its NAME instead of street and comber.]
FULL NAME FFTY & BASH	The fifther the forther
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Chil
Male Mile (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
and 9 1834	1915 to 1915 , 1915 ,
(Month) Day (Year)	that I last saw harmalive on 1917
7 AGE It LESS than 1 day,hrs.	and that desth occurred on the date stated above, atm,
yrs mos 2 ds OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	Therend Sur
particular kind of work work	
(b) General nature of industry, business, or establishment in	
which employed (or employer)	(Ouration)yrsds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF	(Ourafion) <u>rrs</u> mos ds.
FATHER Tologies of Mun bles	(Signed) 2 Decks
M 11 BIRTHPLACE	Merif 12, 191 4 (Address) Calantalismos
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
A 12 MAIDEN NAME OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At piace in the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) 420 M. Marsheley	Former or
dea la	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) April 15	all the state of t
Filed Gives 12, 1914 - Speely	20 IN DERTAKER ADDRESS
REGISTRAR	by hundels beatil
If more blanks are needed, address State Regist	traf, 6 E. Franklin St., Balto., Requesting V. No. 1.
	7

[Approved by U. S. Census and American Public Health Association.]

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RECEIVED
MAY 5 1915
BUREAU, V.S.

RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT V. S. No. 1.

N.B.

	*	
int. See instructions on back of certificate.		
rta		

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1 PLACE OF DEATH

Village or City





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/7

St :-----Ward) [If death occurred la a hospital or Institution, give its NAME Instead of street and number.]

PERS	ONAL AND STATIST	CAL PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH	
3 sex	4 COLOR OR RAGE	SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)		(Month)	/2 (Day	, 191.5 (Year)
6 DATE OF BIRT	Н	(Witte the Wold)	61 61	Y CERTIFY, That	I attended des	ceased from
	(Month)	(Day (Year)	that I last sow h Su s	1915, to 4	112/	, 191 <u>.S.</u>
8 OCCUPATION (8) Trade, professia		mos S ds If LESS than 1 day, hrs. OR min. ?	and that death occurred The CAUSE OF DEATH	on the date state	d above, st	' &m
particular kind of v (b) General nature business, or estab which amployed (or	of Industry, dishment in	<i></i>		(Duratioo)	yrs	nos. Sads
OF FATE OF	F John R. II	Harling.	(Signed)	(Address) Sas Causing Death, Causing OF Injury;		om Volenter Acciden-
13 BIRTHPE OF MOT (State of 14 THE ABOVE I	s TRUE TO THE BES	T OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place of death yrs, mos Where wes disease contracted, if not at place of death? Former or usual residenca	In the	1	
(Address)		og. Fargelian REGISTRAR	19 PLACE OF BURIAL O Kyhland 20 UNDERTAKER 5. 2. French	RREMOVAL	ADDRESS	URIAL /, 191 5

[Approved by U. S. Census and American Public Health Association.]

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BUREAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributor Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191..... (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ ds. State _____ yrs, ____ mos. ___ ds Where was disease contracted. If not at placelot death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Dequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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MAY 6 1915
BUREAU, V.S.

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V. S. No. 1.

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Page Page	If LESS than 1 day,hrs. ds. ORmin.?		ed on the date stated al	bove, at 3 7 m,
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or usual residence.

[Approved by U. S. Census and American Public Health Association.]

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Very pinous OCCUPATION certificate. 50 terms, on back 6

1 PLACE OF DEATH STATE OF MARYLAND 5054 CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in -Ward) a hospital or institution, give its NAME Instead of street and nomber.] STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, S ORDIVORCED (Write the word) 16 (Month) (Day 7 AGE It LESS than 6 t day,....hrs BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Secondary (State or country) 10 NAME OF 4 (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. mos. ... State Where was disease contracted. it not at place of death? Former or usual residence

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[Approved by U. S. Census and American Public Health Association.]

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MAY 4 1915
BUREAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

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(Address)

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If LESS 1 day,... OR []mos..... (b) General nature of industry, business, or establishment in which employed (or employer) 11 BIRTHPLACE OF FATHER (State or country 12 MAIDEN NAME OF MOTHER & 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No., If death occurred is hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED WIDOWED 1915 (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ... 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER back ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME EATH in plain e instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. Where was disease contracted. See If not at place of death? Former or Every Item CAUSE OF Important. usual residence. BURIAL OR REMOVAL DATE OF BURIAL 15 1916 20 UNDERTAKER ADDRESS OIf more blanks are needed, address State Registrar, 6 E. Franklin St., Batte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits ean be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "l'UERPERAL poritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Wcakness," "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-Bronchopneulmonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for maig-The contributory Measles (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1915
BUREAU, V.S.

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

Important.

Every item of information should be CAUSE OF DEATH in piain terms, so

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RECORD

PERMANENT

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UNFADING INK-THIS IS

WITH

PLAINLY,

WRITE

1 PLACE	OF	DEA	TE
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 22

....Ward)

[If death occorred in a hospital or institution, give Its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	Lale 4 COLOR OR RACE 5 SINGLE, MARRIED, Lingle WIOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH Company (Month) (Day (Year)
8 -		17 I HEREBY CERTIFY, That I attended deceased from
o D/	ATE OF BIRTH	afril 8, 1915, to afril 7 1, 1915.
	(Month) (Day (Year)	that I last aaw hand alive on Cofanal 1913
TAG	GE If LESS than	and that death occurred on the date stated above, at 10. 40 Pm.
	2 A May 1 day,hrs.	The CAUSE OF DEATH* was as follows:
	30 yrs mos, 20 ds. or min.?	THE CAUSE OF DEATH* Was as follows:
	CCUPATION	Classic Ilfunia
	Trade, profession, or ricular kind of work. Buskelene	1554***********************************
9	General nature of Industry.	8 8 8 8 8 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9
bus	iness, or establishment in &	(Duration) 3 yrs mos ds.
	ch amployed (or amployer) Invely Dusiness	
9 8	RTHPLACE (State or country) Maryland	Secondary (Doration) yrs mos 15 ds
	10 NAME OF William H. Hunsbury	(Signed) Anna 17 Anna 18 M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME Many Q.J. Nicold	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	(Informant) Mrs. J. Kimpton	If not at place of death?————————————————————————————————————
	(Address) Sorest Glen md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	01:00	valumoe, ond, when 20, 1918
Fii	ed youl 20, 1915 Arrand A Howlett	20 UNDERTAKER LOND Bladensbrug, Md

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—large affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and eonsequences (e. g., mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarrlage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Ex-



UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH

Village or City Chury Chuse No. 14 Co	STATE OF MARYLAND CERTIFICATE OF DEATH Melroce Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple Acolor or race Marrieo, Widowed Widowed Widowed Ordivorce O	The CAUSE OF DEATH * WSW as follows:
particular kind of work. (b) General nature of Industry, business, or establishmenf in which employed (or employer) PRITHPLACE (State or country.) 10 NAME OF	Contributory Will Jevry with congretation ground (Duration) yrs mos ds. Contributory Will Jevry with congretation ground (Duration) yrs mos 4 ds.
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) A State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) England 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?
(Address) Reliase DX & Course Aug.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 4-75-, 1915 Photo Ch. Longar REGISTRAN AT more blanks are needed, address State Regist	20 UNDERTAKER ADDRESS ADDRESS M. W. 1730 Penn aug. Far, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., Then a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopmeumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



	PLACE OF DEATH	5599	STATE OF MARY CERTIFICATE OF	
Gou	inty Montal mery	TOIL	Registered	217
Villa	age or Gity Prekrelle (No.	vurt	St.; Ward)	[It death occurred a hospital or instituti give its NAME inste of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	ME	EDICAL CERTIFICATE OF DE	EATH
Fee	La company		(Month)	(Day) (Year)
8 DAT	(Month) (Day)	(Year) that I last saw h	a allye on April	15 , 191 5
7 AGE	1	day hre	surred on the date stated abo	ve, at 10 00 r
(b) Be busines which	eneral nature of industry, ss, or establishment in employed (or employer) THPLACE te or country)	Contributory (Secondary)	Influenza	
RENTS	1 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME 1 BIRTHPLACE OF FATHER (State or country) Marylune 1 M		10	
PA	3 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RE OR RECENT RESIDENT At place of death yrs	SIDENCE (FOR HOSPITALS, INSTIDENTS) In the	
	tormant) Devert Stewart	Former or usual residence	? - Maximum	n.B.B.
	(Address) 233377 Mashington.	19 PLACE OF BUR	11110	TE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Candeath), 29 de.; "Exhaustion," Examples: For vio-



***.**

	PLACE OF DEATH	5600 STATE OF MARYLAND
Coun	Mingomey	CERTIFICATE OF DEATH
ooun	h- (1-0	Registration Dist. No. 2114
	Maril South	Elf double accounted in
/illa	ge or City Was Could out No.	a hospital or institution,
	miles 10 ha	give its NAME instead of street and number.]
	² FULL NAME // OWOVIN X) OUT	Wood -
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
95	MAN 4 COLOR OR RACE 5 SINGLE, MADRIED, WIOWED OR DIVINOSED	16 DATE OF DEATH (Month) (Day) (Year)
	Write the word)	17 HERERY RTIFY, That I attended deceased from
DA	TE OF BIRTH Och 213	Maril 5, 191, to Afr 6, 1914,
	(Month) (Day) (Year)	that I last saw ham alive on firel 5 , 1915 ,
AG		and that death occurred on the date stated above, at 3.1.m.
	yrs. 5 mos. 13 ds. or min.?	The CAUSE OF DEATH & was as follows:
3 0	CCUPATION	Capillary Brouchiles
(a) Trade, profession, or	
11.	rficular kind of work	
bu	siness, or establishment in Alone	(Ouration) O yrs. O mos. 2 11/45
	BTHPLACE And II	Contributory
	(State or country) Montgomery Co.	(Burdies) we do do
	10 NAME OF ALMAN MILES	It I Brown
10	form pumberg.	(Signed)
PARENTS	OF FATHER OF FOW and Co	*State the Dispass Causing Death, or, in deaths from Viblert
SE	12 MAIOEN NAME ON AND AND A	*State the Disease Causing Drath, or, in deaths from Vibleyt Causes, state (1) Means of Injury; and (2) whether Accidingly, Suicipal or Homicidal.
PAF	OF MOTHER //OJ Mary // Coaula	8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE - / M m	OR RECENT RESIDENTS) At place In the
	(State or country) Charles, Co. Pld	of deathyrsmosds. State,yrsmosds Where was disease contracted,
4 TI	HE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) G/J, V. May.	Formar or - usual residence
	19 m 6 1 3	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
	(Address) Quilunt offent Coff	Shower oles med Akr 5 1813
5	Ober . The Brown	20 UNDERTAKER ADORESS
Ftl	ed PYPA, 1915	Elo Ray Silva Storna
		16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	2 : ·	24

[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer." etc., without more precise specification as "Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foremun, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, engineer, Stationary freman, etc. But in many mobile factory. The material worked on may form part business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Women at home, who are engaged in But in many cases, If retired from (b) Auto-(18:18)

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated head-homicide; Poisoned by corbolic acid-probably Struck by roilway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, SUICIDAL, or HOMICIDAL, or as probably such, if impossible genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness." state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichuemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonilis," etc. State cause for which symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meosles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intercur-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAYS 1915
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

a t	PLACE OF DEATH 5601	STATE OF MARYLAND
s ve	County Montgomery	CERTIFICATE OF DEATH
N	7	Registration Dist. No. 223
S sh	Jakoma Part Ylas	wester unitarium [If death occurred in
SICIANS shou	Village or City No. 1000	Ward) a hospital or lostitution, give its NAME instead
rsic	Milliam for	of street and number.]
PH	2FULL NAME	
Y.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
aten	SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH Coper 12 1915
t st	Wiscower, ORDIVORCEO (Write the word)	(Moath) (Day (Year)
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d. E	. any 12 1876	
ould be s classified.	(Mgath) (Day (Year) 7 AGE If LESS than	that I last saw ham alive on and alive on alive
clas	39 10 1 day,hrs.	and that death occurred on the date stated above, at 9:30 A m, The CAUSE OF DEATH* was as follows:
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AGE s properly	(a) Trade, profession, or Minister	The state of the s
De d	particular kind of work	
pplie	business, or establishment in which employed (or employer)	(Duration)mos. Ods,
may ate.	9 BIRTHPLACE (State or country) Many Mark Mark	Contributory
arefully that it certifica	(state or country) New York Black	Secondary (Burstian)
car th cei	10 NAME OF GEORGE Jannes	(Signed) (Signed) (Signed) (Signed)
k so	0 11	april 2, 191 5 (Address) Inhoma Park med.
bac bac	Z OF FATHER (State or country) Herr York	(201000)
she In to	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
pla	a variet vomao	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
truc	13 BIRTHPLACE OF MOTHER (State or country) Men Street	At place in the
Info	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. 2 ds Where was disease contracted,
See	A min a MAN	If not at place of death? Former or Mat Viviannia
of ant.	(Informant)	usual residence
USE	(Address) date ma ma ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CA	aliers of E Prous	Washington DC. Upril A2, 1915
œ.	Filed 1910 . Or Coyuco.	0 0 815 10
z		strar, 6 E. Franklia St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

of information should be carefully sur DEATH in plain terms, so that it may See instructions on back of certificate.

CAUSE OF I

N.B.

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

V. S. No. 1.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 210

St.;----Ward)

[It death occurred in a hospitat or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
Month) (Day (Year)	that I last saw have alive on Afra 2 ,1915
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry.	Show
business, or establishment in which employed (or employer)	Contributory Axleria Gelevies Us.
9 BIRTHPLACE (State or country) Many land	Secondary Quration) Quration yrs
7) 11 BIRTHPLACE OF FATHER (State or country) Pannsylvania	(Signed) It Journ , M. D. Al 3 , 1915 (Address) Lay tons ville Sind
12 MAIDEN NAME OF MOTHER Seawethe In Commit	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Many land	Af place to the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	Where was disease contracted, If not at piace of death?————————————————————————————————————
(Address) Santy Said	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MA Cornel 94 4 , 1915
Filed Ofus 3, 1915 - 17 Dycon REGISTRAR	420 Cashell Muly med

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuless of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

County Monthsonian County Market County Mark		1 PLACE OF DEATH	STATE OF MARYLAND
Registration Dist. No. The province of the pr		montonien 2010	CERTIFICATE OF DEATH
Village or City Property (No. St.; Ward) 2 FULL NAME Practy Name Practice of the street and sumber. 2 FULL NAME Practy Name of the street and sumber. 3 SEX 4 COLOR OR RACE S. SINGLE. MARRIED. MARR	Cour	Bar Comment	Registration Dist. No. 221
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 6 SINGLE MARRIED, WIDOWED OR DIVONCE	Villa	ge or City Wanted (No.	a hospital or institution, give its NAME instead
3 SEX 4 COLOR OR RAGE SINGLE. Male Wilder Wildows Walliam OR DIVORCED (Wildows) OR DIVORCED (Wild the word) F DATE OF BIRTH CHILLIAN 15 1855 (Month) (Day) (Year) TAGE COLUMNIAN 15 1855 (Month) (Day) (Year) If LESS data and that death occurred on the date stated above, at 1877. The CAUSE OF DEATH & was as follows: O OCCUPATION (2) Trade, prefession, or Farmed business, or establishment in which employed (or employer) O BIRTHPLACE (Mark or country) Montgorney Co Md I D NAME OF FATHER (State or country) Montgorney Co Md I D NAME OF MONTGORNEY CO Md I D MADE OF MONTHE Salle Fling I MAIDEN NAME OF MONTGORNEY CO Md I MAIDEN NAME OF MONTGORNEY CO Md I MANDER OF MONTHER Salle Fling I MAIDEN NAME OF MONTGORNEY CO Md I MANDER OF MONTHER Salle Fling I MAIDEN NAME OF MONTGORNEY CO Md I MANDER OF MONTHER SALLE Fling I MAIDEN NAME OF MONTGORNEY CO Md I MANDER OF MONTHER SALLE Fling I MAIDEN NAME OF MONTGORNEY CO Md I MANDER OF MONTHER SALLE FLING I MAIDEN NAME OF MONTGORNEY CO Md I MANDER OF MONTHER SALLE FLING I MAIDEN NAME OF MONTGORNEY CO Md I MANDER OF MONTHER SALLE FLING I MAIDEN NAME OF MONTHER SALLE FLING I MAIDEN NAME OF MONTGORNEY CO MD I MANDER OF MONTHER SALLE FLING I MAIDEN NAME OF MONTGORNEY CO MD I MANDER OF MONTHER SALLE FLING I MAIDEN NAME OF MONTGORNEY CO MD I MANDER OF MONTHER SALLE FLING I MAIDEN NAME OF MONTGORNEY CO MD I MANDER OF MONTGORNEY CO MD			MEDICAL CERTIFICATE OF DEATH
Male While Convolution (Day) (Year) B DATE OF BIRTH CULCINT J. 18,55 (Write the word) TAGE OCCUPATION O OCCU			
### HEREBY CENTIFY, That I attended accesses from the file of the property of	-	ale Vitule WIDOWED Maries	(Month) (Day) (Year)
and that death occurred on the date stated above, at I all 1 day. It is a stated above. It is a stated above	6 D/	Luguet 15 1855	Felman, 1915, to apr 24, 1915,
particular kind of work (b) General nature of Industry business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) Montgointy Co Md 10 NAME OF FATHER Honace Naticeld 12 Maidens Manue Co Md (Signed) 12 Maidens Manue Montgointy Co Md (Signed) 13 BIRTHPLACE OF MOTHER Sallie King 13 BIRTHPLACE OF MOTHER Sallie King 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed 15 REGISTRAR RE	7 AC	If LESS than 1 day, hrs.	The CAUSE OF DEATH & was as follows:
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10 NAME OF FATHER FORAGE Norfield 11 BIRTHPLACE OF FATHER (State or country) Montgoiner Co Ma 12 MAIDEN NAME OF MOTHER Sallie Ring 13 BIRTHPLACE OF MOTHER Sallie Ring 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Many Walfeld (Address) Browningswille Mad (Address) Browningswille Mad (Address) Date of Burial OR REMOVAL (Informant) Many Walfeld (Address) Browningswille Mad (Address) Browningswille Mad (Address) Browningswille Mad (Address) Browningswille Mad (Registrar Address) Many Many Many Many Many Many Many Many	9 8	(State or country) Mortgoiner Co and	Secondary
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13 BIRTHPLACE OF MOTHER MOULE OF MED 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, INSTIT	E N	(State or country Nontgorner, Co MA	*State the DISFASE CAUSINO DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
(Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address)	AR	OF MOTHER Sallie Temp	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(Informant) Mary Wesseld (Address) Browningswill Md (Address) Promission of usual residence 19 PLACE OF BURIAL OR REMOVAL Providence Company of 26, 1915 20 UNDERTAKER ADDRESS REGISTRAR REGISTRAR REGISTRAR		(State or country) Noulgomery Co ma	of deathyrsmosds. State,yrsmosds,
(Address) Frankright Ma Providence Come 26, 1915 15 Filed , 191 REGISTRAR BUBOUNG MA Ciry Ma		ma naid of	Former or
Filed 191 REGISTRAR BUBOUNG MA Ciry Ma	_	(Address) Browningswee Med	Providence Commence Internal 26, 1915
	15		20 UNDERTAKER ADDRESS MA (Line had
	==		16 W Sanatorn St. Balto. Requiresting V. S. No. 1.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Fareman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of oecupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sylmal meningitis"); Diphtheria (avoid use of pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia,") tunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenelature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonalis," etc. State cause for which birth or miscarriage as "Puerperal septichacmia," to determine definitely. Examples: Accidental drowning; cause. Always qualify all discuses resulting from childgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Mcasles; Whooping ges, perilonacum, etc., Carcinama, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the etc.), "Dropsy," "Exhaustion," important.



.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exertatement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING 2 FOR INK-THIS RESERVED UNFADING WITH MARGIN PLAINLY, WRITE V. S. No. 1.

. . .

Village or City Fine and (No. St.; Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE OF SINGLE, ON INCOME OF WITOWAY OF DEATH (Month) (Day) PARTE OF BIRTH TAGE (Month) (Day) (M	County Wort 9	STATE OF MARYLAND CERTIFICATE OF DEATH
3 SEX 4 COLOR GR RACE 5 SINGLE. The secondary of the sec	mage or city many many many many many many many man	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
The Above is true to the Best of My Knowledge (Informati) The Cause of the Above is true to the Best of My Knowledge (Informati) The Cause of the Above is true to the Best of My Knowledge (Information Information Informa	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE (Month) (Day) (Year) Tage (Month) (Day) (Year) (Address) (Month) (Day) (Year) (Rear)	MARRIED, Midow	(Month) (Day) (Year)
BOCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER BERT OF MOLY (State or country) 112 MAIOEN NAME OF MOTHER LEbrah Beall (State or country) 113 BIRTHPLACE OF MOTHER BERT OF MYKNOWLEDGE (Informant) 114 THE ABOVE IS TRUE TO THE BERT OF MYKNOWLEDGE (Informant) (Address) 115 MAIOEN AGE (Address) 120 MORRESS 130 MORRESS 14 DING OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDE	11 4 1833	1915, to Mar. 8 1916,
(a) Irade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Dasil Robus (Signed) 11 BIRTHPLACE OF FATHER OF MOTHER (State or country) 12 MAJOEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TRYTHE BEST OF MY KNOWLEDGE (Informant) (Address) Light Profession, or profession, or pass, described with the place of death? Former or country 20 UNDERTAKER ADDRESS 20 UNDERTAKER ADDRESS ADDRESS	8 / yrs. 5 mos. 4 ds. or min.?	
Secondary	(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	
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OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) In the State, yes, mass, ds, State, yes, mass, ds, Where was disease contracted, if not st piece of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR STATE OF	FATHER COASEL Roles 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME	Als 8, 1915 (Address) Silver Skorty.
(Informant) (Address) Selver Skring 15 Marko 20 UNDERTAKER ADDRESS	of Mother Lebonah Beall 13 BIRTHPLACE OF MOTHER (State or country) Md	OR RECENT RESIDENTS) At piace in the el death yre. mes. ds. State, yrs. mes. ds. Where was disease contracted,
15 16 16 10 1915	If my Mit of	Former or usual residence
REGISTRAR Lee Tolsiel Vainel	16 Aka 8, 1915 Sh 9 Brown	Sh Marko Aba 10, 1915 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

wife, Housework, or At Home, and children, not gainfully write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Never return "Laborer," Locomotive engineer, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. ncphritis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal scplichaemia," The contributory (secondary or intercurtrain-accident; Revolver wound State cause for which Never report mere "Exhaustion,"



V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS	1000
FULL NAME Charles Al. Was	idward
Village or City Gauhersburg PAN.	11)
County mortyoning 5600	CER
1 PLACE OF DEATH	S

TATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No. 218

....Ward) .St .:---

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3 SE	7 ale Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 4 4 , 19 NO. (Year)			
8 DA	TE OF BIRTH Month 16	that I last saw h alive on affil (1919)			
7 AG		and that death occurred on the date stated above, at			
(a)	CUPATION Trade, profession, or clicular kind of work	Broncho Premuonia			
huel	General nature of Industry, ness, or establishment in h employed (or employer)	(Duration) yrs mos ds			
9 BIRTHPLACE (State or country) Manyland 10 NAME OF FATHER Herman Wassevand 11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER Laura Hodge		(Signed) (Ouration) yrs mos ds (Signed) (Signed) (Address) (Addre			
				13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place of deathyrs
				Informant) A Charman Washward	Where was disease contracted, it not at place of death? Former or usual residence.
16	(Address) Janhun burg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAPACIL S., 1915			
File	If more blanks are needed, address State Regis	alex & Carliste Sarthersting			

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart fallurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," tctanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) Never report

